VA NCHCS

Student Orientation Overview

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WELCOME Students This booklet is meant as an overview to our facilities . To view our policies and procedures go to any desktop in our facilities and click on the policy tab.

The Department of Veterans Affairs Northern California Health Care System (VANCHCS) is an integrated health care delivery system, offering a comprehensive array of medical, surgical, rehabilitative, mental health and extended care to veterans in northern California.

The health system is comprised of a medical center in Sacramento; a rehabilitation and extended care facility in Martinez; outpatient clinics in Martinez, Fairfield, Oakland, Sacramento, Redding, Chico and Vallejo; a Substance Abuse Treatment Center in Oakland; and dental clinics in Vallejo, Sacramento, and Redding.

NCHCS serves an area consisting of more than 377,700 veterans dispersed over a wide geographic area comprised of approximately 40,000 square miles and seventeen counties. As part of the VA Sierra Pacific Network, with VA medical centers in San Francisco, Palo Alto and Fresno, California, and Reno, Nevada, and medical facilities in Hawaii, Guam and Manila, VANCHCS provides veterans access to an extensive range of health care and specialty services.
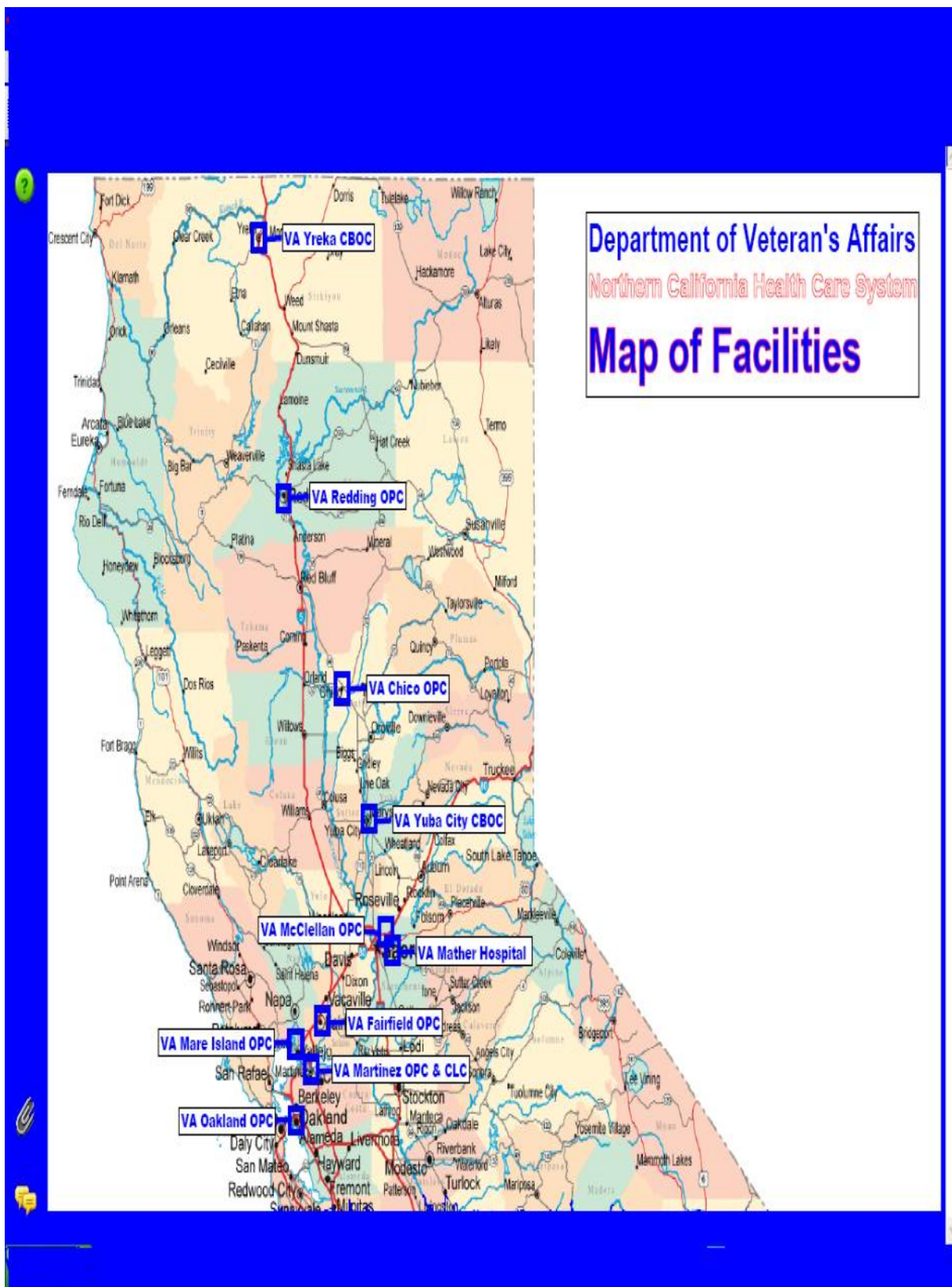
Academic Affiliations

VANCHCS has maintained an active affiliation with the University of California, Davis since 1975. Nearly 400 university residents (approximately 69 full time employee equivalent (FTEE)) and over 100 medical students are trained at the Sacramento VA Medical Center, Martinez Outpatient Clinic and Center for Rehabilitation & Extended Care each year. VANCHCS also holds 95 additional current affiliations with educational facilities to train over 350 students and interns in various health care professions.

Research

VANCHCS' Research and Development (R&D) Program oversees protocols in the areas of human, animal and basic laboratory research. Research areas encompass: health systems, including health outcomes, quality, access, utilization, and cost; geriatrics; cancer; neuroscience including audiology, Alzheimer's Disease, cognitive neuropsychology and visual motor protocols; liver disease, heart disease; and endocrinology disorders including diabetes mellitus, cholesterol, and bone metabolism.

 VA/DOD Sharing

The health system maintains a successful VA/Department of Defense (DOD) Sharing Agreement with the United States Air Force (USAF) at Travis Air Force Base.

Department of Veteran's Affairs
Northern California Health Care System
Map of Facilities

VA Yreka CBOC
VA Redding OPC
VA Chico OPC
VA Yuba City CBOC
VA McClellan OPC
VA Mather Hospital
VA Fairfield OPC
VA Mare Island OPC
VA Martinez OPC & CLC
VA Oakland OPC

THE VETERAN

NUMBERS: The estimated total veteran population was 23,816,000 as of September 30, 2007. This included 7,884,000 Vietnam era veterans, representing the single largest period-of-service component of the veteran population. Gulf War era veterans now comprise the second largest component, numbering 4,996,000. World War II veterans numbered 2,912,000, while Korean conflict veterans totaled 2,961,000. Veterans serving only in peacetime numbered 6,077,000, about one-in-four veterans. *(NOTE: The sum of the numbers by period does NOT add to the total because the period categories shown here are not mutually exclusive: an estimated 785,000 veterans served in two war periods and 99,000 veterans served in three or more; these veterans are counted in ALL the periods in which they served.)*

AGE: As of September 30, 2007, the median age of all veterans was 60 years. Veterans under the age of 45 constituted 20 percent of the total, while those aged 45 to 64 represented 41 percent, and those 65 or older were 39 percent of the total.

SEX: Female veterans numbered 1,780,000 million, representing 7.5 percent of the total veteran population. Roughly one-in-five resident U.S. males 18 years of age or older is a veteran.

FUTURE POPULATION: The veteran population (23.8 million in 2007) is projected to decline to 22.7 million by the year 2010, under currently expected armed forces strength and mortality rates. The population of veterans aged 65 or older peaked at 10.0 million in 2000. It is projected to decline to 9.2 million in 2010 but rise again to about 9.6 million in 2013 as the Vietnam era cohort ages. The number of veterans aged 85 or older is projected to increase by14 percent between 2007 and 2010 from 1,219,000 to nearly 1.4 million.

EDUCATION: Data from the American Community Survey (ACS) of 2006 shows that among the civilian U.S. population 25 years and over, veterans had a higher percent completing high school or having some college, or an associates degree as the highest level attained than non-veterans, while non-veterans had a higher percent completing a bachelors or higher degree as well as a higher percent who were less than a high school graduate.

INCOME: Data from the 2006 ACS shows that among the civilian population 18 years and over with income in the past 12 months, veterans in general had higher personal income than non-veterans. Specifically, the median personal income of veterans overall was $34,000 compared to $24,000 for non-veterans. The median for male veterans was $35,100 compared to $30,900 for male non-veterans, and was $27,100 for female veterans compared to $19,200 for female non-veterans of that age.

PATIENT SAFETY

Reporting Adverse Events and Close Calls

We are all responsible for the reporting of adverse events or close calls. You are encourage to report any such events to your supervisor or the Patient Safety Officer. The Patient Incident Reporting system is the preferred way to report adverse events or close calls connected to patient care events. The following are some of the types of incidents reportable: suicide/suicide attempt, patient abuse, missing patient, homicide, falls, medication errors, patient involved in fire, patient to patient/patient to staff assaults, transfusion errors, failure to obtain informed consent. Sentinel events include death resulting from an error or other treatment related errors.

Root Cause Analysis

Root Cause Analysis is a process used to identify the basic reason that caused or contributed to an adverse event or close call. The RCA focuses on the process or systems rather than individual performance. RCA'ss are based on the knowledge that most errors come from faulty systems rather than human error. During an RCA an interdisciplinary team reviews the incident by asking what and why until all the aspects of the process are reviewed and all contributing factors identified.

2010 Long Term Care National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The Goals focus on problems in health care safety and how to solve them.

Identify residents correctly

Use medicines safely

Prevent infection .

Check resident medicines

Prevent residents from falling

Prevent bed sores

www.jointcommission.org

2010 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The Goals focus on problems in health care safety and how to solve them.

Identify patients correctly

Improve staff communication

Use medicines safely .

Prevent infection .

Check patient medicines

 Identify patient safety risks

www.jointcommission.org

2010 Behavioral Health Care National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The Goals focus on problems in

health care safety and how to solve them.

Identify clients correctly

Check client medicines

Identify client safety risks

www.jointcommission.org

Privacy and Confidentiality

VHA Privacy Policy Training

All staff, including contract staff, workers without compensation (WOC) , and fee basis staff and volunteers are required to complete VHA Privacy Policy Training within the first 30 days of employment and annually, thereafter.

The VA must comply with Privacy rules when creating, maintaining, using, and disclosing individually identifiable health information.

Our Commitment to Patient Privacy

- To ensure that patient information remains confidential and private, please comply with the following:
- No unattended computers (logged-on) with patient information visible
- No unattended office documents or medical charts with patient information
- No unattended fax machines, copiers, shredding containers, or printers with patient information
- No overhead pages with patient clinic information
- No patient information in wastebaskets. De-identify any documents or other items before disposing in the trash. Shred items containing personal health information.
- No personal health information left on answering machines or voice-mail systems.
- No personal health information sent through Outlook unless it is de-identified or secured in some manner, such as encryption.
- No discussion of patient health information in public areas or with people who do not have a need to know.

Do check patient Opt-Out preference* before providing patient name, location, or condition information to visitors and callers.

*Veterans have the right to request VHA to restrict its use of or disclosure of individually identifiable health information to carry out treatment, pay-ment, or health care operations. Veterans also may restrict the disclosure of this information to the next-of-kin, family, or significant others involved in the individual's care. Veterans also have the right to opt-out of the in-patient facility directory.

Fall Prevention Program at NCHCS

A fall is defined as unintentional, uncontrolled, non-purposeful loss of upright position or downward displacement of the body that results in landing on the floor, ground or any object or furniture. The fall may or may not result in a physical injury.

The Registered Nurse (RN) in the inpatient facility is responsible for ensuring patients/residents are appropriately assessed using the Morse Fall Scale.

All veterans admitted to acute care or long term care in the Northern California Health Care System will have the following interventions implemented by the Nursing Staff. Assess patient/resident's fall risk upon admission, change in condition, after a fall, transfer to another unit, in the Community Living Center (CLC) weekly for the first month, then monthly.
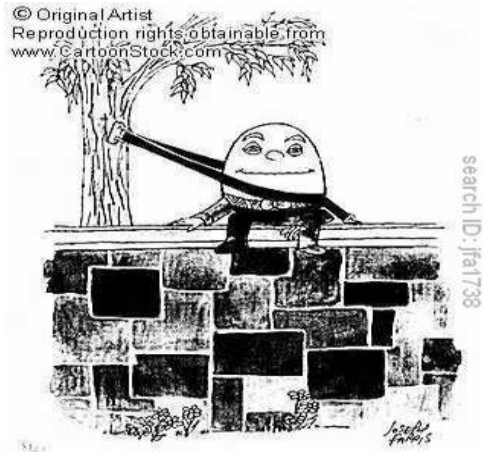
Universal Fall Interventions

- Assign the patient/resident to a bed that allows exit toward his/her stronger side whenever possible

- Assess the patient/resident's coordination and balance prior to transfer and mobility activities

- Implement bowel and bladder programs to decrease urgency and incontinence, as indicated

- Use low heeled shoes with non-slip soles or treaded slippers for all patients/residents

- Approach patient/resident on unaffected side to maximize participation in care

- Transfer towards stronger side

Moderate or High Risk Fall Preventions Interventions

These interventions supplement universal fall prevention interventions, and may be implemented for patients/residents with multiple fall risk factors and those who have fallen before. These interventions are based on identified areas of risk, and may reduce severity of injuries due to falls as well as prevent falls from occurring.

- Equipment: Low beds , wheelchairs and chairs with alarms , chortling more than one high-risk patient

- Environment: Clear patient/resident environment of clutter and hazards

If a Fall occurs the RN shall initiate the Patient Incident Report (PIR) in CPRS immediately after a fall. The RN shall document the fall using the Post-Fall Assessment note. The RN is responsible for communicating the fall risk plan to the inpatient staff.

Bar Code Medication Administration (BCMA)

Bar Code Medication Administration (BCMA) is a point-of-care software solution that addresses the serious issue of inpatient medication errors by electronically validating and documenting medications for inpatients. It ensures that the patient receives the correct medication in the correct dose, at the correct time, and visually alerts staff when the proper parameters are not met.

BCMA CLASS *(info for VA Nurse Educators & nursing college program coordinators)*

REQUIRED FOR

New users – nurse, respiratory therapist, student nurse

Managers, nurse supervisors, CACs, and instructors

Experienced users

If haven't used BCMA ≥ 6 months

Every 6 months for first year instructors, then annually

PURPOSE – introduction to Bar Code Medication Administration

DESCRIPTION – 3 hours hands-on training with 2 breaks

WHEN TO ATTEND – 1 week before pass meds/ instruct

LOCATIONS

SMC Bldg 650, Rm 2B017

MTZ Bldg AB21, Rm 215

PREPARATION

Computer access codes with passwords already created

Experienced instructor with current computer access attends with students

Late arrivals rescheduled to another class

Pen or pencil for note taking

No cell phones/ texting in class

PRECEPTING and BCMA *(info for VA Nurse Educators & nursing college program coordinators)*

Steps before student can pass meds with preceptor:

Assignments approved by Nurse Education, Nurse Manager, & College

College contacts BCMA Coordinator (BCMA-C) with

Request for student preceptee access

Preceptee, preceptor, unit, start & end dates

Date student last used BCMA or request to schedule training

BCMA-C coordinates training & access

Students – create & send BCMA-C code for unlocking med carts

Preceptors – receive guidelines for med administration

Grant access – 1 week after receive all student codes for med carts

Enter cart codes – students may not use preceptor's code or gain access by preceptor unlocking meds

Allocate student & preceptor permissions in BCMA software program

PRECEPTOR GUIDELINES for MEDICATION ADMINISTRATION with BCMA *(info for preceptors, nurse managers, nursing college program coordinators, & preceptees)*

Please read these guidelines and share them with your preceptee as everyone's responsibilities are different than when students are here as a class.

Student nurses may not administer medications without the direct supervision of a licensed registered nurse instructor (CA state law, VA policy, Carrington College policy).

During a preceptorship, <u>you</u> are the instructor! ☺ This means…

Student medication administrations are done under <u>your</u> RN license

Each time you co-sign, you must oversee that medication administration <u>process</u>

BCMA documents "STUDENT NAME/ Instructor YOUR NAME present." for each med given under your co-signature

You may not co-sign for any other person

No one else may co-sign for or precept your student without prior approval from your nurse manager, the college, the VA Nurse Educator and the BCMA Coordinator

Med Cart Codes

Each student creates his/her own code for unlocking the med carts

Student codes work in all 3MSU, 4MSU, & TCU (or Napa, Shasta, & Tahoe for the CLC) med carts in case you float to the other unit/ floor

Student codes will be removed the day after the clinical rotation ends

BCMA Software Program

Preceptees are granted temporary student privileges in BCMA.

Preceptors are granted temporary co-signing (Instructor) privileges in BCMA. Co-sign using the VistA Access & Verify Codes

Without an *Instructor Sign-On*, the student can cancel that window & BCMA will open to Read Only. Read Only can be a useful mode for students to review meds.
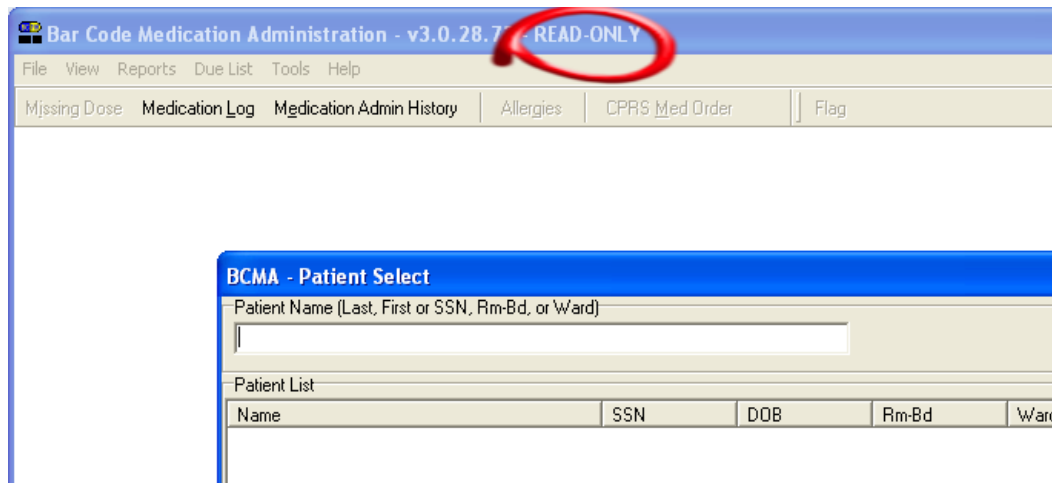
BCMA privileges will return to normal the day after the clinical rotation ends

General

Never share your code or let anyone access meds under your code (what happens during your login is your responsibility!)

If you have any questions, problems, or suggestions regarding med administration, call the BCMA Coordinator – (O) 916-843-9446 or (C) 916-224-1136 – and leave a message if there's no answer.

If you have any questions about precepting, contact your Nurse Manager.

Computerized Patient Record System (CPRS)

The real flagship of VistA is the Computerized Patient Record System (CPRS). CPRS is an integrated, comprehensive suite of clinical applications that work together to create a longitudinal view of the veteran's electronic health record (EHR). CPRS capabilities include a Real-Time Order Checking System, a Notification System to alert clinicians to clinically significant events, and a Clinical Reminder System

Sacramento Campus

The Sacramento VA Medical Center is a 60-bed, state-of-the-art, inpatient facility offering a full range of comprehensive health care services including medical, surgical, primary and mental health care. The medical center, which is comprised of 24 medical-surgical beds, 16 TCU beds, 10 ICU beds, 10 PICU, and a four room operating suite, also houses a cardiac catheterization lab, a gastrointestinal & endoscopy suite, angiography capability and 16,000 square-feet of research laboratory. The medical center offers a wide range of outpatient and diagnostic services, including mammography, MRI, CT, and PET scanning

Parking

Students, Staff, or Contractors are NEVER allowed to park in patient parking. These areas are designated and clearly marked. During M-F students and instructors are asked to park across the street from the campus in the Blood Source parking lot in VA marked slots. During off tours and weekends students may park in all areas except patient parking.

Dinning

On behalf of over 3,000 Veterans Canteen Service (VCS) associates throughout the nation, we welcome you to our site. The Sacramento campus does provide Canteen Services Monday-Friday during normal business hours they are not open on holidays or weekends. The Sacramento campus is within walking distance to a Subway and a LaBou.

Smoking

The VA NCHCS is a "no smoking" facility. This means that smoking is only allowed in designated areas.

Cyber Security

Designated access codes will be provided to you while you are working on campus. You must maintain and control over your access information and you are only allowed to access information needed for the performance of your duties.

Sacramento Campus

<u>Safety</u>

Utilities

1. Medical Gases

O2 portable tanks from SPD must be stored up right in approved storage bins

Review on each unit emergency shut off valves for medical gases in walls

2. Fire

Fire safety is critical in all areas of VA NCHCS and everyone is responsible for being knowledgeable about our policies and participating in regular training session.

REMEMBER

R = RESCUE

A= PULL ALARM, ALERT OTHER CALL 3333

C= CONFINE FIRE (CLOSE DOORS)

E = EXTINGUISH OR EVACUATE

 Become familiar with the evacuation plan posted in the work area.
 Locate on each unit   Evacu sled and or Med sled, and chair lift.

3. Emergencies

Code Blue Emergency is when the patient is no longer breathing or has no pulses. Code Blue Emergencies are called overhead and the Code Blue team will arrive. The Code blue team responds only to Building 650 and 700. If a code blue emergency is anywhere else on campus call 3333 and state you have a 911 emergency. Stay on the line with the operator until you have clearly conveyed all the pertinent information.
A **Rapid Response Emergency** is when the patient has had a sudden unexpected change in their condition.   The RRT team responds to the following units ONLY, MSU 3/4 PICU, TCU, and Radiology.

Sacramento VA Medical Center

10535 Hospital Way

Mather, CA 95655

Phone: (800) 382-8387

or (916) 843-7000

IMPORTANT NUMBERS

Emergency Phone Numbers

Code Blue	3333
Code Red for Fire	3333
Rapid Response Team	3333
Police	5401

Additional Phone Numbers

Information Security Office	(916) 843-9048
IT Help Desk	(800) 921-9278
CPRS Help Desk	(800) 921-9278
Patient Safety Officer	916 843 9108
Emergency Department	15406
MSU	15354
TCU	17290
PACU	16498
LAB	15373
Blood Bank	17288
Nursing Supervisor	275 -3073
Radiology	17322
Respiratory Therapy	17266
BCMA Coordinator	843 -9446

Sacramento Campus Map

VA Northern California Health Care System
Sacramento VA Medical Center at Mather
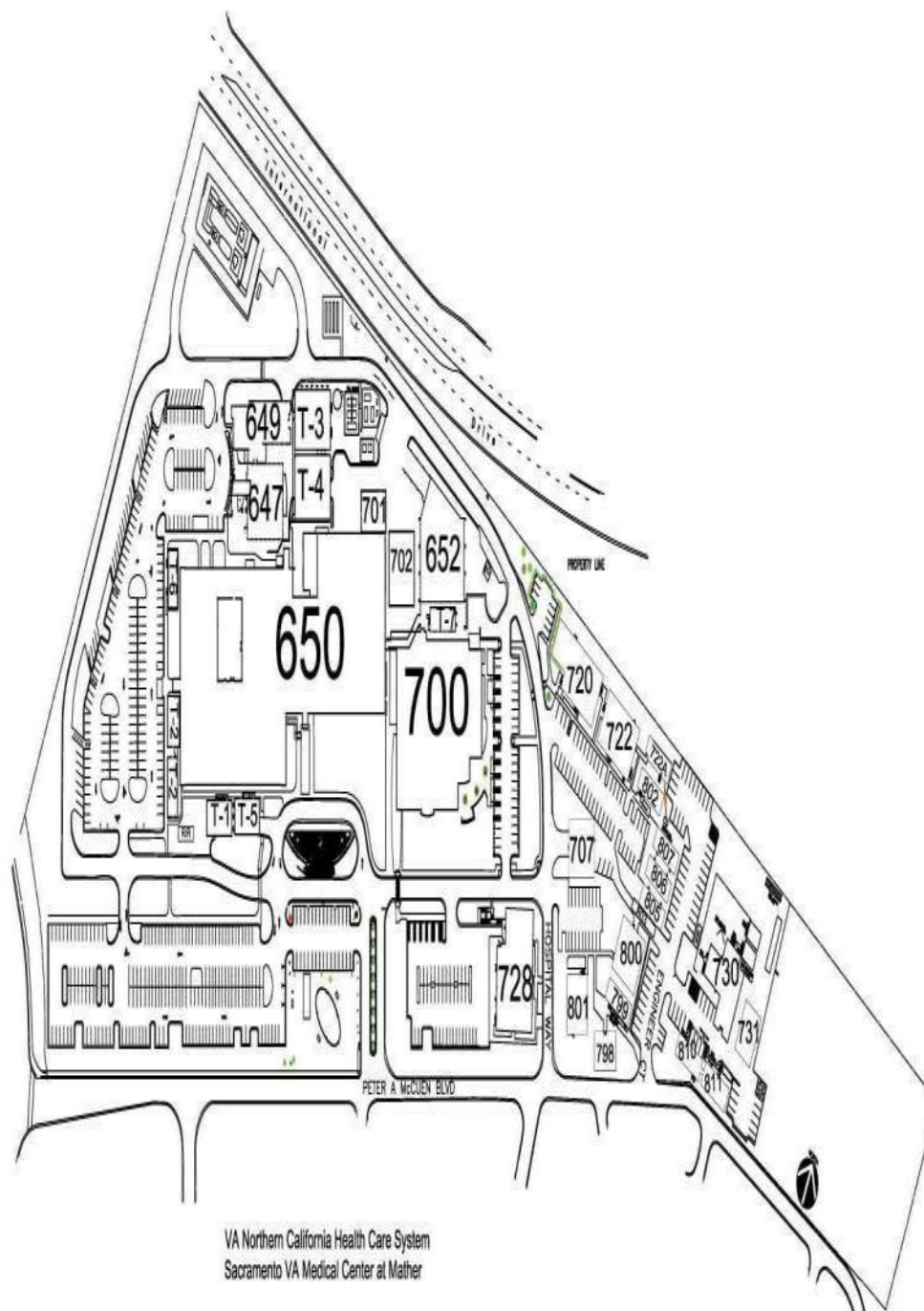
Martinez Campus

The Martinez Outpatient Clinic offers a full range of medical, surgical, mental health, and diagnostic outpatient services, including nuclear medicine, ul-tra-sound, CT and MRI. The clinic also operates a freestanding ambulatory surgery center. Additional services available at this facility include an infusion clinic, substance abuse treatment, pain manage-ment, rehabilitation medicine, phototherapy, audi-ology and speech pathology, women's health, Home Based Primary Care, EMG, EEG, movement disorder and a vascular laboratory.

The Community Living Center (CLC), a 120-bed extended care facility located on the Martinez campus, offers complex care , rehabilitation, restorative, palliative, respite and transitional care. In addition, the CLC operates a neuro cognitive unit, a complex care unit , and a 23-hour bed program in support of post procedural ambulatory care services.

Dining

On behalf of over 3,000 Veterans Canteen Service (VCS) associates throughout the na-tion, we welcome you to our facility. The Martinez campus does provide Canteen Ser-vices Monday-Friday during normal business hours they are not open on holidays or weekends. There are other eateries within walking distance of this facility.

Parking

Students, Staff, or Contractors are NEVER allowed to park in patient parking. These areas are designated and clearly marked. During M-F students and instructors are asked to park across the street from the campus in a dirt lot. During off tours and weekends students may park in all areas except patient parking.

Smoking

The VA NCHCS is a "no smoking" facility. This means that smoking is only allowed in designated areas.

Martinez Campus

Safety
Utilities

1. Medical Gases

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Review on each unit emergency shut off valves for medical gases.

2. Fire

Fire safety is critical in all areas of VA NCHCS and everyone is responsible for being knowledgeable about our policies and participating in regular training session.

REMEMBER

R = RESCUE

A= PULL ALARM, ALERT OTHERS CALL 9 911 AND 3333

C= CONFINE FIRE (CLOSE DOORS)

E = EXTINGUISH OR EVACUATE

Become familiar with the evacuation plan posted in the work area
Locate on each unit the Med sled, and chair lift.

3. Wander Guard

The Wander Guard is a type of technology for helping senior care facilities protect their residents from the risks of wandering, through advanced radio frequency technology that respects the dignity of the individual and enables staff to focus on providing care. Please check with unit supervisor to learn how to identify patient who are at risk for wandering and what to do when you hear the wander alarm.

4. Emergencies

The CLC is a 911 facility. A 911 facility has limited resuscitation supplies. In the event a patient on this campus has a significant change in their condition a 911 call will be placed. The first responders are normally there within 5 to 10 minutes.

Martinez Outpatient Clinic

150 Muir Road
Martinez, CA 94553
Phone: (800) 382-8387
or (925) 372-2000

IMPORTANT NUMBERS

Emergency Phone Numbers

Code Blue	9 911
Code Red for Fire	9 911
Police	2345

Additional Phone Numbers

Information Security Office	(925) 372-2197
IT Help Desk	(800) 921-9278
CPRS Help	(800) 921-9278
Patient Safety Officer	916 -843-9108
BCMA Coordinator	916- 843-9446
NAPA Unit	925- 370 -4744
SHASTA Unit	925-5 370 -4732
TAHO Unit	925-370-4756
Primary Care	925-370-2233

Martinez Campus Map

VA Outpatient Clinic
150 Muir Road
Martinez, 94553
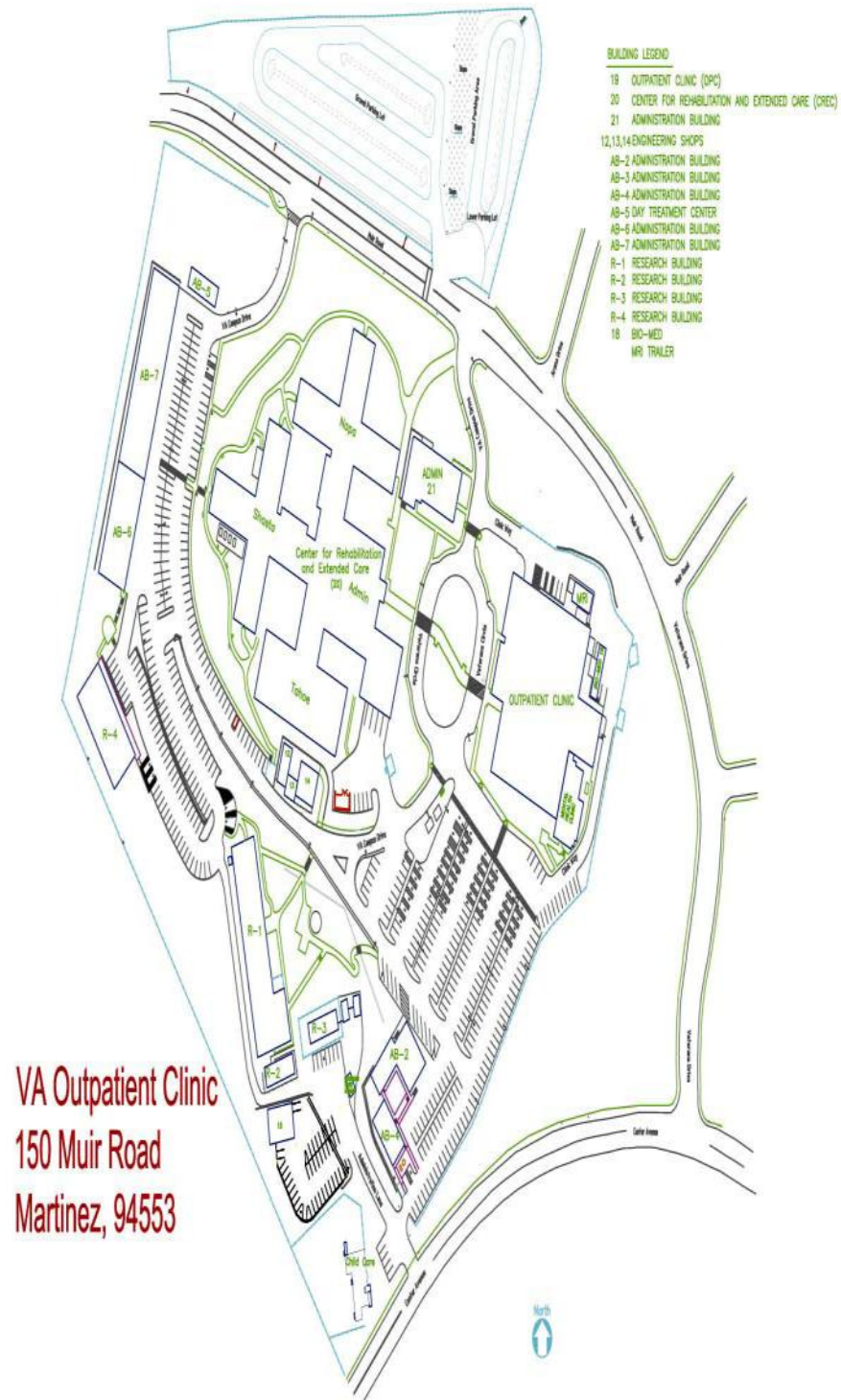
NCHCS Policy Guide

To access NCHCS polices go to the

1. Intranet

2. Click on Policies

3. Find the Service that is responsible for the specific policy.

Below are a few policy numbers outlined by Service.

Nursing Service Policies 118

Human Resource Policies 05

Office of the Director 00

Office of the Chief of Staff 11

Pathology and laboratory medicine 113

Mental Health Services 116

VA INTRANET
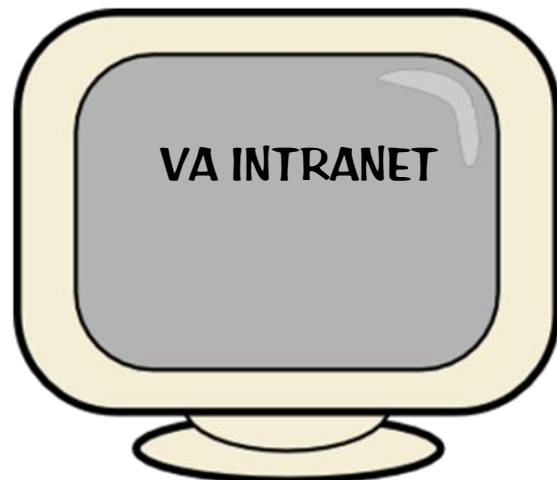
Infection Control

Health care Worker Responsibilities

Hepatitis B Vaccine

All HCWs should be aware of their immune status to childhood diseases.

TB Surveillance

All students are required to have a current PPD.

Blood/Body Fluid Exposures

If you sustain such an exposure (needlestick injury, mucous membrane splash, etc) you must first wash the affected area with water, report the incident promptly to management. BBP experienced physician available 24/7 for medical management. If the incident occurs during off-tours, holidays and weekends, report to the ED; you must follow-up with Occupational Health the next regular working day. Please refer to the Occupational Health guideline in the Infection Control Manual for more information. All IC policy and manuals are located on the Intranet under Services and Sections.

Our main objective is to protect our patients from nosocomial infections and to provide a safe environment for our patients, visitors, employees, volunteers and students.

Blood/Body Fluid Spills

Personnel shall immediately place paper towels over the area. Personnel shall wear disposable gloves.

Medical Waste

Certain waste - suction canisters, thoracentesis/paracentesis containers, waste from lab, hemodialysis, etc. is considered to be potentially infectious and is disposed of as medical waste. Refer to Infection Control Guideline for Waste Management.

Eating and Drinking

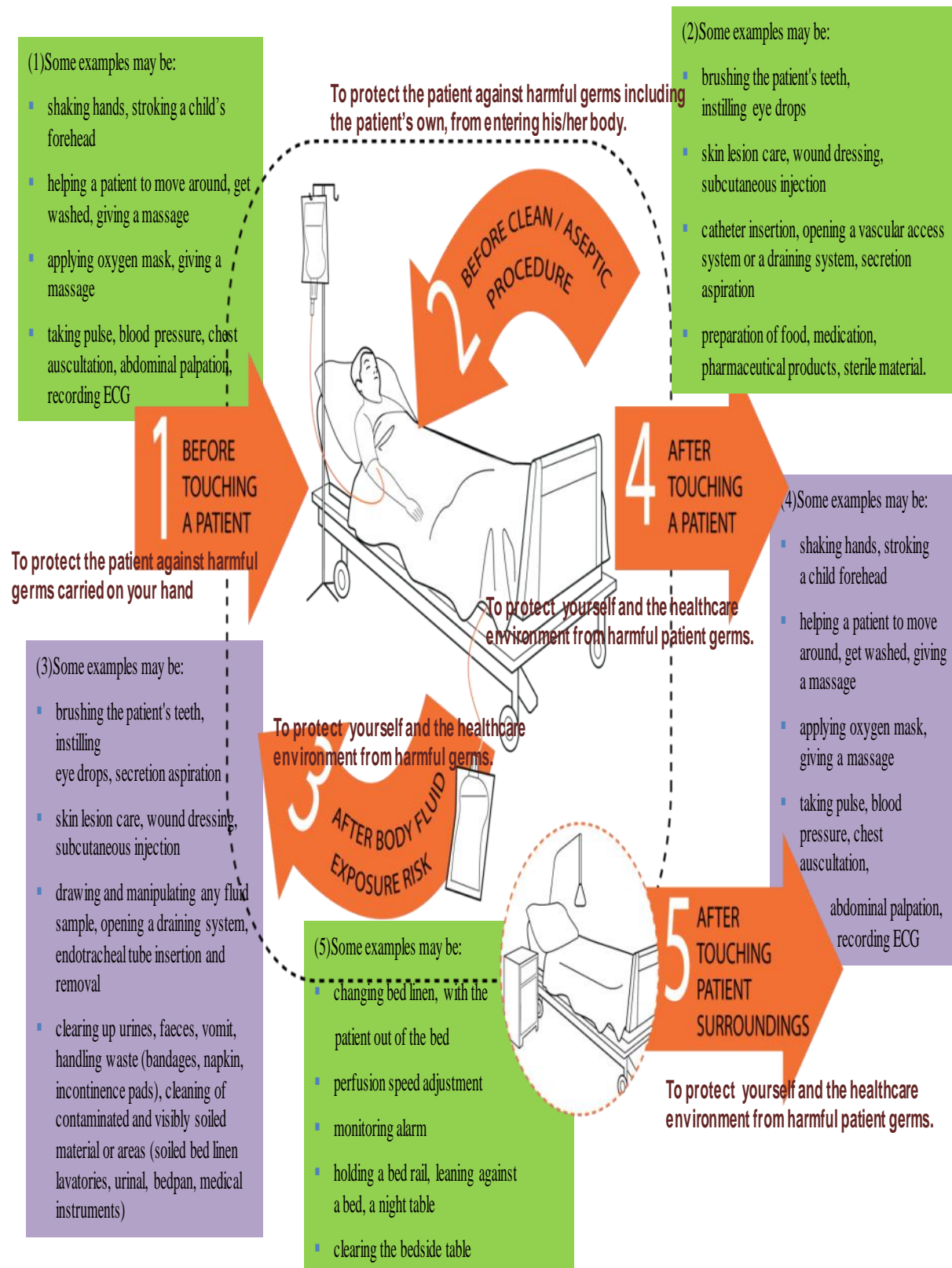There shall be no eating, drinking, manipulating contact lenses, or applying lip balm in work areas where there is a potential for contamination with blood/body fluids.

Refrigerators

Food may not be kept in the same refrigerators where specimens or medications are stored. Food must be stored at temperatures 34-40 degree F; medications at temperatures 38-45 deg. F. Temperature logs must be maintained for patient refrigerators

The "My 5 Moments for Hand Hygiene" Approach

(1)Some examples may be:

- shaking hands, stroking a child's forehead

- helping a patient to move around, get washed, giving a massage

- applying oxygen mask, giving a massage

- taking pulse, blood pressure, chest auscultation, abdominal palpation, recording ECG

To protect the patient against harmful germs including the patient's own, from entering his/her body.

2 BEFORE CLEAN / ASEPTIC PROCEDURE

(2)Some examples may be:

- brushing the patient's teeth, instilling eye drops

- skin lesion care, wound dressing, subcutaneous injection

- catheter insertion, opening a vascular access system or a draining system, secretion aspiration

- preparation of food, medication, pharmaceutical products, sterile material.

1 BEFORE TOUCHING A PATIENT

To protect the patient against harmful germs carried on your hand

4 AFTER TOUCHING A PATIENT

(4)Some examples may be:

- shaking hands, stroking a child forehead

- helping a patient to move around, get washed, giving a massage

- applying oxygen mask, giving a massage

- taking pulse, blood pressure, chest auscultation, abdominal palpation, recording ECG

To protect yourself and the healthcare environment from harmful patient germs.

(3)Some examples may be:

- brushing the patient's teeth, instilling eye drops, secretion aspiration

- skin lesion care, wound dressing, subcutaneous injection

- drawing and manipulating any fluid sample, opening a draining system, endotracheal tube insertion and removal

- clearing up urines, faeces, vomit, handling waste (bandages, napkin, incontinence pads), cleaning of contaminated and visibly soiled material or areas (soiled bed linen lavatories, urinal, bedpan, medical instruments)

To protect yourself and the healthcare environment from harmful germs.

3 AFTER BODY FLUID EXPOSURE RISK

(5)Some examples may be:

- changing bed linen, with the patient out of the bed

- perfusion speed adjustment

- monitoring alarm

- holding a bed rail, leaning against a bed, a night table

- clearing the bedside table

5 AFTER TOUCHING PATIENT SURROUNDINGS

To protect yourself and the healthcare environment from harmful patient germs.

Thank you for your attention.

Please remember to complete

your post clinical assessment

survey on line.